

STANDARD CERTIFICATE OF DEATH

Stat. File No. 43223

Reg.# 89844

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 2960	
1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS, MO.		c. LENGTH OF STAY (In this place) 26 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2069	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL				d. STREET ADDRESS (If rural, give location) 5556 Easton Avenue 7			
3. NAME OF DECEASED (Type or Print) MICHAEL		a. (First) J.		c. (Last) QUIRKE		4. DATE OF DEATH (Month) (Day) (Year) 12 6 50	
5. SEX M O	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 7		8. DATE OF BIRTH 7-11-87		9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resturant Business		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Mallow Co., Iowa 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Michael Quirke		13b. MOTHER'S MAIDEN NAME Mary McCarty		14. NAME OF HUSBAND OR WIFE Anna Quirke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) WWI		16. SOCIAL SECURITY NO. UNK		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF. BRKS, MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF COLON WITH METASTASES TO LIVER ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY TUBERCULOSIS, RIGHT UPPER LOBE 153X				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11-10-50, 19, to 12-6-50, 19, and that death occurred at 6:30A m., from the causes and on the date stated above.							
23a. SIGNATURE M.D.		23b. ADDRESS VA HOSPITAL, JEFF. BRKS, MO.		23c. DATE SIGNED 12-6-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/11/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. 12/8/50		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.		FEDERAL DIRECTOR'S SIGNATURE DREHMANN-HARRAL, St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed Warren A. Carve

Signed.....
Student Embalmer

Licensed Embalmer No. 3534

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.